



Form
CG-1
Revised 6-96
SF-45380

Indiana Charity Gaming Qualification Application

Do not write above

Allow 6 weeks for processing. If the application is incomplete, it will be returned to you and processing will be delayed. Please print or type.

Mail the completed application to:

**Indiana Department of Revenue
Charity Gaming Section
100 North Senate Avenue, Room N-203
Indianapolis, IN 46204
Phone: (317) 232-4646
Authority: IC 4-32**

1. Organization name (please type or print)

2. Organization telephone number

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Street address of principal office (also enter a P.O. Box Number if applicable.)

City

State

Zip Code

County

3. Federal Identification Number

4. Indiana Taxpayer Identification Number

5. Indiana Not-for-Profit Tax Registration Number

6. Check the type of organization:

☐ Religious

☐ Educational

☐ Civic/Fraternal/Charitable

☐ Veterans

☐ Senior Citizens

☐ Political

7. Applicant organization information:

a. Date organization formed _____ A copy of the organization's bylaws, constitution, or articles of incorporation *must* be attached.

b. Date incorporated _____ (If not incorporated, enter NA.)

c. How many years has the organization been in active, continuous existence? _____ Verification *must* be attached. See instructions on page 3.

d. Number of active members _____

8. Name and address of current officers (attach additional sheets if necessary.)

Name	Address	Title	Home telephone number
			()
			()
			()
			()
			()



9. Parent organization information

- a. Is your organization affiliated with a parent organization? ☐ Yes ☐ No

If 9a is Yes, complete 9b and 9c.

If 9a is No, go to number 10.

b. Parent organization name			Federal Identification Number		
Street address of principal office (<i>do not</i> enter a P.O. Box Number.)					
City	State	Zip Code	County	Parent organization telephone number ()	

- c. How many years has the parent organization been in active, continuous existence? _____

10. Is your organization exempt from federal income tax under Section 501 of the Internal Revenue Code?

☐ Yes ☐ No If you answered yes, attach a copy of the favorable tax exempt status letter from the Internal Revenue Service. If application has been made, but you have not yet received the letter, attach a copy of the application plus a copy of the check used to pay the application fee. If you answered no, your organization is not eligible to conduct charity gaming activities in Indiana.

11. List the proposed operators of charity gaming event(s): (attach additional sheets if necessary)

Name	Home Address	Social Security Number	Date of Birth	Telephone Number	No. of active yrs. with group
				()	
				()	
				()	
				()	
				()	

12. Certification

We certify under penalty of perjury that the organization applying is a qualified organization and that there is no misrepresentation or falsification in the information stated. We certify that to the best of our knowledge the operators of the charity game events have not been convicted of any felonies. We understand that false or misleading statements will be cause for rejection of this application or revocation of future licenses.

13. Signature of Presiding Officer _____ Date _____

Signature of Secretary _____ Date _____

Do Not send a payment with this form.

Charity Gaming Qualification Application Instructions

Not-for-profit organizations planning to hold charity gaming activities are required by the Indiana Department of Revenue (Department) to complete an Indiana Charity Gaming Qualification Application, Form CG-1. The purpose of this application is to verify that your organization meets the legal qualifications necessary to conduct charity gaming activities.

The Department has available Charity Gaming Publication 2 that discusses the rules and regulations concerning legal gaming in the State of Indiana. Please contact us at (317) 232-4646 if you would like a copy sent to you.

You must also complete a license application for each type of charity gaming license you want to get. The license application(s) cannot be processed unless a valid Indiana Charity Gaming Qualification Application is on file with the Department. If this application is incomplete, it will be returned to you, and processing of any license application(s) will be delayed.

Line 1 - Enter information about your organization. The charity games must be conducted in the county where the principal office is located* (see the note on page 4.) The mailing address of your principal office must be the same as the street address listed with one of the following agencies:

- a) For a corporation, the street address of the corporation listed with the Indiana Secretary of State.
- b) For other organizations, the street address of the organization listed with the Internal Revenue Service, the Indiana Department of Revenue, or the county board of review for tax exempt purposes.

If your organization has no permanent address and the locations on file with the appropriate agencies are no longer valid, you must contact the Not-For-Profit Section at (317) 232-2188 to change the legal address that is on file.

Line 2 - Enter your organization's daytime telephone number.

Line 3 - Enter the Federal Identification Number assigned to your organization by the Internal Revenue Service. If your organization has not yet obtained a Federal Identification Number, enter either "applied for" or NA (not applicable) on this line.

Line 4 - Enter your Indiana Taxpayer Identification Number. This is the same number assigned to your withholding or sales tax account established with the Department. If your organization does not have either of these accounts, enter "applied for" or NA.

Line 5 - Enter your Indiana Not-For-Profit Tax Registration Number, which can be found on your Not-For-Profit Tax

Registration Certificate, Form IT-35E. This is an 8-digit number beginning with the number seven or eight. If your organization does not have this number, contact the Not-For-Profit Section at (317) 232-2188.

Line 6 - Check the box that applies to the primary purpose for which your organization was formed. If your organization was formed for a purpose other than those listed, you might not meet the qualifications to conduct charity games.

Line 7 - Enter information about the applicant organization.

- a) Enter the date your organization was formed. You must attach a copy of the organization's bylaws, constitution, or articles of incorporation.
- b) If your organization is not incorporated, enter NA.
- c) Enter the number of years that the organization has been in active, *continuous* existence. Verification of continuous existence must be attached. There is no one set of standards that will accurately show an organization's five years of continuous existence every time. Relevant facts in determining continuous existence could include a combination of the following items:
 - ♦ Indiana Forms IT-35AR and IT-20NP;
 - ♦ Federal Form 990 and/or 990T if applicable;
 - ♦ minutes of meetings;
 - ♦ bank statements;
 - ♦ dated newspaper articles;
 - ♦ any type of dated state or local licensing permits, such as alcoholic beverage licenses and registration with the Secretary of State's office;
 - ♦ account payables, including copies of dated invoices;
 - ♦ account receivables, including copies of dated invoices;
 - ♦ utility bills;
 - ♦ dated leases;
 - ♦ canceled checks (representing each of the five years);
 - ♦ bylaws that are dated;
 - ♦ dated articles of incorporation;
 - ♦ affidavits or letters of confirmation from the national or parent organization on organization letterhead; and
 - ♦ descriptions and results of fund-raising activities for the last five years.

If you need assistance in determining which combination of the above records you need to attach to this application, please contact us at (317) 232-4646.

- d) Enter the number of active members in your organization.

Line 8 - Enter the name, address, title, and home telephone number of your current officers. You must notify the Department in writing each time new officers are elected or appointed.

Line 9 - Enter information about the parent organization.

- a) If your organization does not have a parent organization, check "No" and continue to Line 10. If your organization is affiliated with a parent organization, complete Lines 9b and 9c.
- b) List the name of the parent organization, their street address, city, state, zip code, county, daytime telephone number, and their federal identification number.
- c) Enter the number of years the parent organization has been in active, continuous existence. Note: If your organization has not been in existence for five years, your parent organization must have been. If this is the case, attach verification of continuous existence information (detailed in the line 7 instructions) for the parent organization.

Line 10 - If you answered yes, attach a copy of the favorable tax-exempt status letter from the Internal Revenue Service. If this letter has been applied for but not yet received, attach a copy of the application plus a copy of the check used to pay the application fee. ¹ If you answered no, your organization is not eligible to conduct charity gaming activities in Indiana.

¹ Note: You must send a copy of the favorable tax-exempt status letter once it is received. Failure to do so will result in the delay of additional charity gaming licenses.

Line 11 - You should list all potential operators who might manage your gaming events. The operators may not have been convicted of a felony within the last ten years. The names provided on this form will be cross-checked against felony records.

Your operators must be at least 18 years old and be a member in good standing with your organization for at least one year before managing your gaming event. In addition, operators must not have managed a gaming event for any other organization in the same calendar month your event is scheduled to be held.

Line 13 - Carefully read Line 12. Make sure that you agree with the information on Line 12 before you sign the application.

*Note: Once a year a qualified organization holding an annual convention of its (or its affiliates) membership may hold a charity gaming event in an Indiana county other than the county of its principal office. A note to this effect must be attached to the particular gaming event license application. Read Publication 2, Charity Gaming Information, for more details.